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	ireu io re	Complete if Known						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818				Complete if Known				
FEE TR	ANS	MITTA	A I	Application Nun		10/76		
			<b>\</b> _	Filing Date		June		
For FY 2008				First Named Inv	-	Paul Silinger		
Applicant claims small	Examiner Name	2	<u>Luan</u>	<u>V. V</u>	an			
				Art Unit 1795				
TOTAL AMOUNT OF PAY	MENT (\$)	0.00		Attorney Docke	t No.	H0002	233.	33717 USA
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
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Unider 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEAR	CH, AND E	XAMINATION	FEES					
	FILING F	EES		CH FEES	EXAM	INATION		
Application Type		nall Entity Fee (\$)	Fee (\$	Small Entity 1 Fee (\$)	Fee	<u>Small E</u> (\$) Fee		Fees Paid (\$)
Utility	310	155	510	255	210	105	i	
Design	210	105	100	50	130	65	i	***************************************
Plant	210	105	310	155	160	80	)	***************************************
Reissue	310	155	510	255	620	310	)	
Provisional	210	105	0	0	(	) (	)	
2. EXCESS CLAIM FEES Small Entity								
Fee Description Fee (\$)								
Each claim over 20 (including Reissues)							30 210	105
Each independent claim over 3 (including Reissues) Multiple dependent claims							370	185
Total Claims								ependent Claims
- 20 or HP =		X	=				ee (\$)	Fee Paid (\$)
HP = highest number of total	claims paid for,							
Indep. Claims - 3 or HP =	Extra Claim:		<u>Fee</u>	Paid (\$)		-		<del>*************************************</del>
HP ≈ highest number of indep	endent claims (	x paid for, if greater th	,					
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
SUBMITTED BY	<del></del>	Harry	77///	Dissistration No.			T-1. 1	
Signature \( \square	<u>uma-</u>	ZYNIIX V	1 1WY	Registration No. (Attorney/Agent)	46,20	64	Telepho	<sup>ne</sup> 949-224-6282
Name (Print/Type) / Sandra P. Thompson DateDecember 29, 2								

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.